

**PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA**

PO Box 56  
Griffin, GA 30224  
770.228.8461 (Phone)  
770.412.1236 (Fax)

**PROCEDURE FOR REQUESTING A LEAVE OF ABSENCE**

Three items are required to process a Leave of Absence:

- 1) **The Request for Leave of Absence Form** must be completed by the Member.
- 2) **Certification By Employing Agency Form** must be completed and signed by an authorized representative of your personnel department. This form **MUST** be notarized.
- 3) **Acknowledgment of Matching Leave of Absence Form** must be completed by the Member. This form must also be notarized.

Additional Information About your Leave of Absence:

- Leave of Absences will NOT be processed until receipt of the above requirements. It is the Members responsibility to ensure all paperwork is filed with this office within 90 days of when employment has ceased.
- The Board of Commissioners meets the first Wednesday of each month for consideration of a Leave of Absence request.
- You must continue to pay dues while you are on a Leave of Absence. Failure to pay your dues could cost you to lose all of your service credit with the Fund.
- Any Leave of Absence service credit accrued must be matched by future law enforcement employment.

## LEAVE OF ABSENCE

O.C.G.A. 47-17-41 states as follows: "The Board may provide by rule and regulation for the retention of any legally qualified member who has temporarily ceased employment as a peace officer and for credit for such period, provided that an application for retention of membership is submitted not later than 90 days after such employment has ceased; and provided, further, that he shall pay to the fund the amounts required for such period. Not more than 12 months of absence from such employment shall be allowed under this Code section during a member's entire membership in the fund."

The following rules have been adopted and filed with the Secretary of State by the Board to implement this provision:

513-14-1-.04 Leave of Absence. Amended. Any member of the Fund who requests a "Leave of Absence" for the purpose of continuing his or her active membership in the Fund while not employed as a Peace Officer, in accordance with O.C.G.A. 47-14-41, shall have the request reviewed by the Board. No "Leave of Absence" shall be granted to a member who is under disciplinary action, with less than 9 years of service credit. No "Leave of Absence" shall be granted to any member with more than 10 years of service credit.

513-14-1-.05 Request for Leave of Absence. Amended

(1) A request for a Leave of Absence under O.C.G.A. 47-17-41 may be granted within the discretion of the Board of Commissioners, upon proper application for any person who is or has been a legally qualified member of the Peace Officers' Annuity and Benefit Fund. A Leave of Absence shall be granted only for the purpose of allowing a member to accumulate sufficient creditable service for service retirement benefits during the time such person is on Leave of Absence. No person on Leave of Absence shall be entitled to any death benefits pursuant to O.C.G.A. 47-17-82 or to any disability benefits under O.C.G.A. 47-17-81 for death or disability occurring while such person is on a Leave of Absence.

(2) Any person on Leave of Absence who returns to peace officer employment must notify the Secretary/Treasurer of the Fund of that fact, within thirty (30) days after returning to peace officer employment. All requests for Leave of Absence must be made in writing in duplicate originals upon forms provided by the Board of Commissioners. Any person applying for a Leave of Absence shall agree to abide by the terms of this Regulation, and any Leave of Absence grants shall be subject to the terms and conditions of this Regulation. Any promises, terms, or conditions, either written or oral, not contained in the Application for a Leave of Absence shall be invalid and of no effect.

(3) In the event the Board of Commissioners of said Fund grants a Leave of Absence, said Board hereby delegates the Secretary/Treasurer of this Fund authority to execute the approval of said application.

June 1996

## REQUEST FOR LEAVE OF ABSENCE

To: Board of Commissioners  
Peace Officers' Annuity & Benefit Fund of Georgia  
P.O. Box 56  
Griffin, GA 30224-0056

Dear Sirs:

On \_\_\_\_\_, my active employment by \_\_\_\_\_

\_\_\_\_\_  
Employer (Name of City, County, or State Department)

Ceased because of \_\_\_\_\_  
(Resignation, suspension, retirement, illness, or injury)

In accordance with O.C.G.A. Section 47-17-41, and in accordance with the rules and regulations of the Board of Commissioners of the Peace Officers' Annuity and Benefit Fund of Georgia as filed with the Secretary of State, I hereby apply for a leave of absence, effective as of the above date.

I hereby agree to continue to remit monthly dues to said Fund at the prevailing rate during said leave of absence, for which I shall receive credit for the sole purpose of accumulating age and service time for straight retirement for the time I am on leave of absence. I am also aware that such leave of absence shall not total more than twelve (12) months during my entire membership in said Fund.

I understand and agree that while I am on leave of absence, I will NOT be entitled to any death benefits as provided by O.C.G.A. 47-17-82 nor shall I be entitled to any disability benefits as provided in O.C.G.A. 47-17-81.

I have read all of the terms and conditions set forth in the above request for leave of absence and thoroughly understand the terms and conditions thereof. Upon the granting of the leave of absence by the Board of Commissioners of the Peace Officers' Annuity & Benefit Fund of Georgia, I hereby renounce and waive, for myself and for my heirs, executors, administrators, and assign, any and all claims that I or they may have, or purport to have for death benefits pursuant to O. C. G. A. 47-17-82 and for disability benefits pursuant to O.C.G.A. 47-17-81 in the event that I should die or become disabled while on leave of absence from the Peace Officers' Annuity & Benefit Fund of Georgia.

I agree to notify the Fund immediately, upon my return to employment as a Peace Officer.

Upon approval, I hereby accept said leave of absence subject to all the terms and conditions set forth and contained in this application, and I further understand that no promises, terms, conditions or obligations, either written or oral, which are not contained herein are of any force or effect whatsoever.

Executed in duplicate originals, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Approved \_\_\_\_\_

BOARD OF COMMISSIONERS OF THE  
PEACE OFFICERS' ANNUITY & BENEFIT  
FUND OF GEORGIA

By: \_\_\_\_\_  
Secretary - Treasurer

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Social Security Number

# CERTIFICATION BY EMPLOYING AGENCY

For

## Department of Corrections

To

### *Peace Officers' Annuity and Benefit Fund of Georgia*

PO Box 56

Griffin, GA 30224

(770) 228-8461

NOTICE: Georgia law provides as follows:

*"Any person who knowingly furnishes false information for the purpose of becoming a member of the Fund, or for receiving credit for service to which he is not entitled, or for receiving benefits hereunder, or any person who knowingly assists in doing any of the foregoing thing, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished as for a misdemeanor."*

Date: \_\_\_\_\_

1. Name of Employee: \_\_\_\_\_

2. Present or Last Known Address: \_\_\_\_\_  
Street City, State Zip

3. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

4. What is/was employee's title? \_\_\_\_\_

5. Is/was this employee required to be certified under provisions of Peace Officer Standards and Training Act? \_\_\_\_\_

6. During employment does/did the employee hold a police powers card? \_\_\_\_\_ If yes, police powers #: \_\_\_\_\_  
What is the expiration date of the police powers card? \_\_\_\_\_

7. List all dates below that employee **DID NOT** hold a police powers card:

Dates	
From	To

8. How many hours per week did the employee devote to his primary position? \_\_\_\_\_

9. What is/was the beginning date of employment? \_\_\_\_\_  
(Month) (Day) (Year)

10. What is/was the ending date of employment? \_\_\_\_\_  
(Month) (Day) (Year)

11. Please list any period this employee was not employed during the time listed above. This includes any periods during which no salary was paid (i.e. Suspensions, Sick Time in excess of authorized sick leave, etc) and list Worker's Compensation separately below.

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(Over – This form continued on reverse side)

12. List all dates and positions held during employment with Department of Corrections:

Dates		Title	Police Powers Card Required?
From	To		

13. Does/Did employee have custody of prisoners? \_\_\_\_\_

If so, is/was employee armed? \_\_\_\_\_

14. Is there a written job description covering the position of this employee? \_\_\_\_\_

If so, please provide with this form.

I hereby certify that the information given on this form is true and accurate as the same appears on the records of:

\_\_\_\_\_  
(Employees Name)

Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

*This form must be completed by Central Personnel.*

\_\_\_\_\_  
Witnessed by Notary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Signer

\_\_\_\_\_  
Signer's Telephone Number

**Note:** *This form is not valid until signed by a properly authorized individual for the Employing Agency and must be notarized by a different individual. The proper execution of the document is the applicants/members responsibility.*

**ACKNOWLEDGMENT OF MATCHING LEAVE OF ABSENCE**

**TO:**

Peace Officers' Annuity & Benefit Fund

PO Box 56

Griffin, GA 30224

770.228.8461 (Phone)

770.412.1236 (Fax)

Name of Member: \_\_\_\_\_ Member No. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Request of LOA: \_\_\_\_\_

By my signature below, I certify my understanding that for all of the time I was on my Leave Of Absence (LOA) to be claimed, I **must return to an eligible peace officer position** and be an active member of the Fund for the equivalent amount of time that I was on LOA. I further understand that if I **do not return** to an eligible peace officer position for the equivalent amount of time that I was on LOA, it will **not count as creditable service** towards my vesting and retirement benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary

My commission expires \_\_\_\_\_

## Payment of Dues

We value your membership and appreciate your prompt remittance each month. You may not be aware that we offer several methods of payment for our member's convenience. Listed below are all the options currently available. Please review these choices and if you wish to take advantage of any of these choices other than mailing your check monthly, please complete and return the appropriate enclosed authorization form.

### **1) Payment by Personal Check or Money Order:**

You may mail payments monthly (\$20.00), quarterly (\$60.00), semi-annually (\$120.00) or annually (\$240.00). For accuracy in posting, please include your membership number or social security number on the check or money order.

### **2) Automatic Withdrawals from your Bank Account:**

We offer automatic payment of dues by electronic transfer. With your signed authorization, \$20.00 will automatically be deducted from your bank account (checking or savings) on the 10<sup>th</sup> of each month for payment of dues. **This form is enclosed.**

### **3) Payment by Debit/Credit Card:**

You may choose to pay annually (\$240.00) through your MasterCard or VISA account. **This form is enclosed.**

### **4) Payroll Deduction:**

Many employers (whether the State of Georgia, a City, or a County) offer payroll deduction as a convenience to their employees. If your employer is one of the agencies that offer payroll deduction, you should complete the bottom of the appropriate form and *turn it into your Personnel/Payroll Department to begin deductions from your paycheck.* **Form not enclosed.**

Payroll deduction is not offered at your current employer, however if you change agency's it may be an option.

**Remember, we do not send out statements - you must keep up with the time schedule of when your payments are due or you may become delinquent.**

**Return forms and payments to:**

**Peace Officer's Annuity & Benefit Fund**

**P.O. Box 56**

**Griffin, GA 30224**

**Phone: 770.228.8461**

**Fax: 770.412.1236**

# *AUTOMATIC WITHDRAWAL AUTHORIZATION*

## **Peace Officers' Annuity and Benefit Fund of Georgia**

P.O. Box 56

Griffin, GA 30224

Phone: (770) 228-8461 / FAX: (770) 412-1236

I authorize Peace Officers' Annuity and Benefit Fund of Georgia to initiate debit entries to my bank account identified below at the depository named below to debit the same to said account on the tenth of each month. Said debit entries to be used solely to pay my monthly dues in the PEACE OFFICERS' ANNUITY AND BENEFIT FUND.

DEPOSITORY (BANK) NAME: \_\_\_\_\_

Bank Located in

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

BANK ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

*(Please attach a voided check showing the routing and account numbers)*

This authorization is to remain in full force and effect until the Peace Officers' Annuity and Benefit Fund has received written notification from me of its termination. Such notification is to be received in the office of the Fund in Griffin, GA by the first day of the month before such termination is desired.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Member's Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Membership #: \_\_\_\_\_ Social Security #: \_\_\_\_\_



## *CREDIT/DEBIT CARD AUTHORIZATION*

### **Peace Officers' Annuity and Benefit Fund of Georgia**

P.O. Box 56

Griffin, GA 30224

Phone: (770) 228-8461 / FAX: (770) 412-1236

I authorize Peace Officers' Annuity and Benefit Fund of Georgia to pay my membership dues (\$240.00) on an annual basis through my **MASTERCARD** or **VISA** account, as indicated below and to continue on such schedule until canceled by my written request. I agree to contact Peace Officers' Annuity and Benefit Fund if there are any changes to my Credit Card Information.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P. O. Box) (City) (State) (Zip)

Membership #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Please circle:    **MASTERCARD**                      **VISA**

Credit Card Account #: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_